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An inaugural dissertation on Dysentery
submitted to the Medical Faculty, by
Matthew Page. Read March 18th 1824
W. E. H. Dean

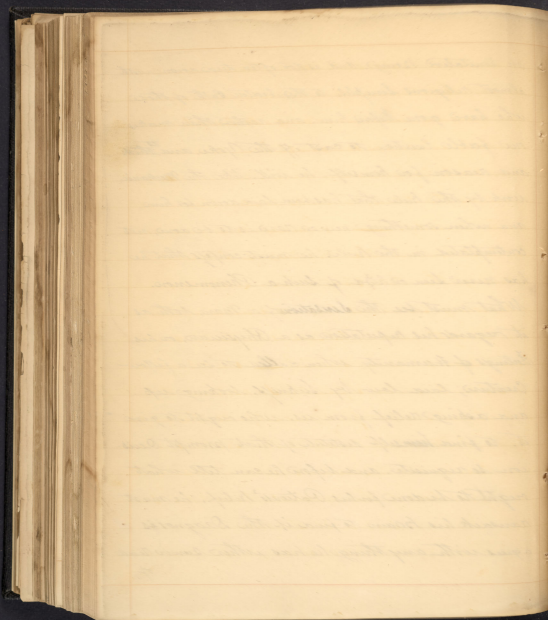
By the Rules of the Medical Institution
of Philadelphia, each Student, preparatory
to his becoming a candidate for Graduation,
must deliver to the Dean of the Faculty, a
Thesis on some Branch of Medical Science. It
falls to my lot to comply with this Regulation.
Could I contribute any thing of much Importance
to the Advancement of Medical Science, or point
out any useful Improvement in the Treat-
ment of Dysentery, which so often baffles
the Skill of our most able Physicians, how
gladly would I contribute my little Mite.

To advance any thing materially new on a
subject which has been so ably discussed by
others, is not an easy matter. The Student is
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an imitative being), and is too often tied down, with almost religious scruples, to the beaten path of those who have gone before him, and rather than make one feeble exertion to cast off the Yoke, and ^{think} and reason for himself, he will, like the Mechanic, work by the rule that has been laid down for him, and when something new or rare is to be done, not contemplated in the rule, he must confess that he has never seen or heard of such a Phenomenon.

What must be the Sensations of a Man, both as it regards his Reputation as a Physician, or his Feelings of Humanity, when called to see a fellow Creature, laid low by Sickness, looking up and asking Relief from us, who ought to give it, to find himself destitute of that prompt Decision so requisite, and before he can tell what ought to be done for his Patients Relief, he must ransack his Brain to find if the Diagnosis agrees with anything he has either seen or read of,



of, and if it happens not to be there, he will be too foolishly proud to acknowledge his Ignorance, but gives his Patient something so simple as not to declare either for or against him, and by that means cloaks his Ignorance; while Nature either effects a Cure, in the Patient, or sinks under the weight of the Malady. — I may have gone too far in reprehending the Practice of Students in following the Precepts of others, without Thinking or Reasoning for themselves, to discover whether they be right or wrong, but such is the Fact, to the Disadvantage of Medical Science. — In offering a Thesis on Dysentery, I feel the Importance of the Subject and shall confine my self to the important Facts which relate to the Nature, Cause and Cure of the Disease. Should it meet with the Approbation of the Medical Faculty, I shall feel proud of such a Distinction.

Dysentery is a Genus of Disease,
of the

of the Class Pyrexia, and Order Profluvia of Cullen,
and according to his Definition, contagious Pyrexia, with
frequent mucous and bloody stools, the Feas being for the most
part retained, Typhes, Stencomus. ^{This Definition of}
Cullen is objectionable in part as it relates to Contagion.

That this Disease is always contagious, must be denied, &
nor can it ever be said to be so, except when the Atmos-
phere is vitiated, from crowding together many Persons
labouring under this Disease, as in Camps, Hospitals
or, and when contagious it is of the Typhoid, Charac-
ter; the contagious matter being, a genuine secretion
and Elimination from the vessels of the skin, that this
is the correct Hypothesis now appears to be established.

Some have supposed the contagious matter arose
from the Exhalation of the putrid stools. This
seems to be doubtfull; for supposing this to
be the case, we might expect Dysentery
to arise from the putrid stools of Camp,
Diarrhea, this we know not to be the fact.
We then

The first thing I saw when I stepped
out of the train was a vast, open
prairie. The land was flat and
covered in tall, golden grass. In the
distance, a range of low hills was
visible under a clear blue sky. The
air was fresh and carried the scent
of wildflowers. I felt a sense of
freedom and peace. The people
I met were friendly and welcoming.
They showed me the best places to
visit and the things to do. I
enjoyed every moment of my trip.
The scenery was beautiful and
the people were wonderful. I
will never forget this experience.
It was a truly memorable trip.

We then must refer contagious Dysentery to a specific Matter generated by the Vessels of the Skin. The ordinary Forms of Dysentery are not contagious, and are produced by the common Causes of our Autumnal Diseases; such as Marsh Effluvia, sudden Transitions from Heat to Cold, damp Atmosphere, after a Spell of warm Weather, certain indigestible Substances eaten; in Fact, any thing that checks Perspiration and determines to the Bowels.

The general Symptoms previous to an immediate Attack of Dysentery, would lead us to suppose that the Stomach was primarily affected, and by the intimate Sympathy which exists between this Organ (the Centre of Action) and the Intestines, all the succeeding Symptoms arise. We have here Symptoms in the first Stage similar to those, where there is a Reception of the Eruption in Measles,
small Pox

Small Pox &c; such as Nausea, Head ache, Inquietude
&c. We may trace the Causes of the early Symptoms
of Dysentery, to Rupture of the Blood, from the
extreme Vessels to the most deep seated Parts, causing
thereby too great an Influx of Blood to the Stomach,
Intestines; and from this Influx, Inflam^mation
and all its Consequences. I am led to adopt
this Theory, knowing, as I do, that so soon as a heal-
thy action is established in the extreme
Vessels, the Disease ceases. It is stated as a
Fact, that the Disease will run its course in
Defiance of all Medicine; but it arises from this
Circumstance, that when once the Vessels of
the Skin have taken on an unhealthy action,
if not reestablished, early, they become so
implicated as to baffle all Attempts to reestab-
lish their natural Functi^{on}s speedily. This
Disease has been said by some to admit of no
cure, but will run its course, if not taken
in the

in the early Stage; this is nearly true; but that
the more violent Symptoms can be relieved, and
that ^{can} ~~lead~~ a ^{firm} ~~firm~~ Nature to the Reestablishment of
her healthy Functions, must not be doubted;

As stated previously, owing to the Engorgement
of the internal Parts, and particularly the
Intestines, they become inflamed, and extremely
sensible, and the natural Faeces, to which they
before were nearly insensible, now become
an extraneous Irritant; and such is the
extreme sensibility of the Colon (the Distal
upon which the Disease principally expends
itself) that there is a continual Effort to expel
the smallest Portions of either Faeces, Mucus, or
Bile; they all acting highly irritant, in this
State of the Intestinal Coat.

Dysentery is a Disease belonging to the Country
principally, and prevails in mountainous Parts
most. I have seen only bilious inflammatory
Fever—

Fevers raging on the bottoms adjoining our Rivers
and the Dysentery prevailing on the Hills.

This is owing to the Coolness of the Nights on
the Hills, thereby checking the healthy outlet
from the Skin. It also frequently occurs about
the same time with Altum ral intermittent
Fever and with this is often complicated.

The Disease is much more frequent in warm
Climates, than in cold ones; and in the
Months of August, September and October, in
the West Indies they have heavy rains, which
renders the Negroes of those Colonies very subj-
ect to it. The Body having been rendered
inhabitable by the extreme Heat of the Sum-
mer, and being exposed suddenly to much
Moisture, the Blood is thereby thrown from
the capillary Vessels upon the Intestines so as
to give rise to Dysentery.

Symptoms. An attack of Dysentery is
often

often preceded by loss of appetite, Costiveness,
Hiccough, Sickness of the Stomach with slight
vomiting, and commonly with Chills succeeded
by Heat in the Skin and frequency of Pulse.

These symptoms and the Forerunners of Griping
and increased evacuations which soon after occur.
When the Inflammation begins to occupy the
Colon, the Discharges become more frequent
and less abundant, and in passing through the
inflamed Intestine cause great Pain, and
every Evacuation is preceded by Griping and a
rumbling Noise. The Motions vary both in
Quantity and Colour, being sometimes frothy
mucous streaked with blood, at others, of an
acid watery Nature like the washings
of Meat, of a very fetid Smell. Sometimes pure
Blood is voided, and again Coagulated mucous
resembling small Pieces of Cheese; Sometimes
the Evacuations are pure mucous without
any Blood

any blood, resembling that Disease which is known by the Name of Dysentery alba, or Morbus Mucosus.

Sometimes natural Faeces appear in the Discharges in the Form of hard Balls, called Scybala, which passed, the Patient experiences temporary Relief from Gripping and Tenesmus. There is sometimes a Protrusion of the Anus from straining, which aggravates the Tenesmus. The Pains in violent Tenesmus are said by Women to resemble the bearing down Pains of Parturition. More or less Pyrexia usually attends with the Symptoms which have been described, throughout all the Disease. It sometimes takes the intermittent Form and assumes the Tertian Type, and at others the Continued, sometimes the Typhus; it is said also to alternate with Catarrh and Rheumatism.

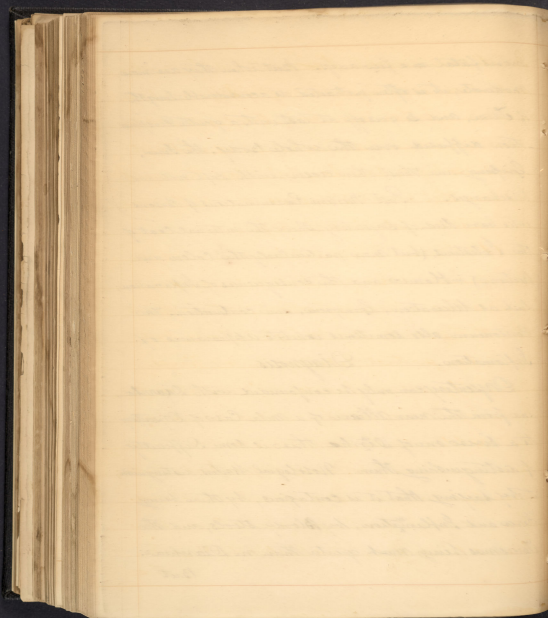
Prognosis, unfavourable when the Symptoms run high, producing great Prostration of Strength, and accompanied with a fetid and involuntary Discharge of black gummy Matter; the Disease often proves fatal

proves fatal in a few days. But when they are more moderate, it is often protracted to a considerable length of Time, and so goes off at last with a gentle Perspiration diffused over the whole Body: the Fever, Griping, and Thirst then ceasing, with soft natural Discharges. Post Mortem Examinations of Persons who have died of Dysentery, shew the internal Coat of the Intestines, (but more particularly the Colon and Rectum) inflamed and the consequences of Inflammation, such as Ulceration, Gangrene, and Contractions. The Peritoneum also sometimes exhibits Appearances of Inflammation.

Diagnosis

Dysentery can only be confounded with Diarrhea, and from the near Alliance of a mild Case of Dysentery to a severe one of Diarrhea, there is some Difficulty of distinguishing them. Nosological Writers, distinguish it by saying, that it is contagious, by there being ⁱⁿ Fever and Inflammation, by Bloody Stools, and the Tenesmus being much greater than in Diarrhea.

But



But all these diagnostic Signs will fail the Practitioner sometimes; and where is the mighty Difference, should they fail. If there was a hard, strong, full and active Pulse, we would not think of asking whether it was Dysentery or Diarrhea, but relieve the urgent Symptoms that present themselves, and let the Name of the Disease take Care of itself.

^{my} Treatment. In entering on the Treatment of Dysentery I feel a good Deal of Embarrassment in presenting a Mode of Treatment, rather different from that recommended by high Authority, but which, from practical Experience in my Hands, will justify any new Remedies, or Modifications of Practice which I may suggest. Indeed such has been the vacillating in the Treatment of Dysentery, that no Person now thinks of following any one kind of Practice; so variable is the Mode among different Practitioners. Some rely altogether on Purgatives for its Cure, some Copious Bloodletting, others Diaphoretics &c.; either
of these

of these Remedies must prove inefficient to the Accomplish-
ment of a Cure Separately; but the Partisans of each
have been led away from Reason, by bigotted Pre-
judice, and have ~~denied~~ all Remedies ~~except~~ but
those which, from some few successful Trials
have succeeded in their hands. That this is too much
the Case cannot be denied. To present a Practice
altogether clear of blame is not an easy Matter, but
from the practical Experience in the one which I am
about to detail, I feel some Degree of Confidence.

Called to a Patient labouring under the first
Symptoms of Dysentery, such as Nausea, slight
vomiting and Chills, we would not hesitate for a
moment what was the proper Remedy, but with
Confidence proceed to relieve the urgent Symptoms
that present themselves. And to as this most
effectually we would prescribe an Emetic of Tartar,
chasing this from the wide prevailing Influence of its
operations, breaking up and throwing down ~~as it~~
were

were the morbid affections which are in Embryos, and only want a little Time to establish a strong foothold.

After the Operation of the Emetic it may be necessary to prescribe some mild Diaphoretic with a Purgative such as two grains of Ipecac, and one of Calomel. By pursuing this Course we almost invariably, if called in Time, arrest the farther Progress of the Disease. But such is the Case, that we are not often called to the Patient until the Disease has established itself. The Blood Vessels having taken on a Disordered Action, which requires the most prompt and vigorous Use of the Lancet, conjoined with other depletory Measures to subdue it. As stated previously on the Pathology of this Disease, that from whatever Cause the healthy ^{Circulation} ~~action~~ in the Capillary Vessels has been checked, and an influx of Blood naturally to the deep seated Parts, must from the Engorgement of these Vessels produce a Degree of Inflammation. Now if the Engorgement of the internal Parts is not relieved by inviting back the healthy

the healthy Action, or breaking down the morbid
Affections just forming, in the vessels of the Skin
by the Means already pointed out, which, I
think the most effectual. The Vessels of the Surface
go on to increase in their diseased Action, which must
necessarily produce a derangement of the more distant
Parts and keep up an Inflammation, which if not arrested
timely must in the End either prove fatal or hang
the Patient in the Extrem. From what has been said
it must appear, that if Relief is not obtained in the
incipient Stage by the Means already pointed out,
that the most effectual Remedy to put a Stop to the farther
Progress of the Disease, is Blood Letting. This is to be
perused with no timid Hand, as long as we have
Vigour of Constitution, (always bearing in mind
the Difference when epidemic, or when there is
a Disposition to the Typhoid State) from 15 to 20 ℥
at a time should be taken, and that from a large
Orifice. Blood Letting is decidedly the most effectual
Means

Means of Stopping the Haemages of the Uterus and of
Subduing Inflammation of the Intestines, until the Impulse
of the Skin are established in their natural Functions.

It will be necessary, if there is any gastric Disturbance
after Blood Letting, to exhibit an Emetic of Tartar, which
relieves the Stomach of its Morbid Contents and invites
to the Skin. As one of the Means of Depletion,
purging has been highly extolled, and we are
told by some to continue it until the Faces
become natural. This is very much the Practice at
the present Day, and some rely on it for a Cure; from
what then appears to be a favourite Remedy, I must
yet learn to differ. It appears to me, so far Purgatives
may be given as to evacuate any feculent Matter which
the Bowels may contain, (it acting as ^{an} irritant)
but to a greater Extent I must deny. Where
can be the necessity of harassing the Patient with Purgatives
to expell that which is not there. We know that the Allevi-
ation taken in by a Patient, labouring under Dysentery,
is in the

is in the extreme trifling; but still we give Purgatives
as we say to remove the feculent Matter which ~~is~~
accumulating, either from the offal of the Aliments
received by the Mouth, or the little mucus which
is poured out by the Mouths of the lubricating Ducts.

Now I would ask which must prove most injuri-
ous, the continual Excitement of the peristaltic
Motion by Purgatives to get natural Stools, which
cannot be there, or the slight Irritation arising
from any natural accumulation? Certainly I would
say the Irritation produced by the latter Cause
is comparatively small to that of the former.

We know that from the inflamed State of the Intes-
tines they must be extremely sensible, and independent
of the Irritation of Purgatives themselves, they are the
Cause of another Irritant (the bile) which by
the great peristaltic motion is made to glow into the
Intestines, and finding nothing to act upon, must
of course act upon the Inflamed Surface of the
Intestines

Intestines. It is said with truth, that the seat of Dysentery is principally in the Colon and Rectum; Why? because the Stools loose their solubility and aqueous particles previous to their coming to the Colon, and when arrived there, they are excessively irritating, which is the cause of these Parts being more inflamed than the other Intestines.

I have given my Reasons for objecting to the exclusive use of Purgatives: the only good derived from them, is by mildly opening the Bowels to remove any feculent Matter they may contain, and throughout the Disease only to keep the Bowels soluble. Such has been my Practice with the Opportunities I have had, and I am pretty well convinced of its superiority over that of treating the Disease by Purgatives alone or ~~largely~~ to the extent that some have done.

The Purges which I have found to act best in this Disease, are those that have some peculiar action on the Skin, among which is a Combination of *Squar*,
Opium

Opium, and Calomel, so combined as to act as a mild
aperient, and at the same time diaphoretic. The
Proportions are as follows, Specac. 3. Calomel 2. Opium
7th Grain, given every three or four hours. The Effect
of this Medicine is astonishing in its Operations. I have
seen it Calm the Agonies of the Patient from Concom-
us, and Gripping like a Charm. It moves the
Bowels slightly, without that extreme Pain other
Purgatives give; but its principal Action is to Calm
Irritation, which it does greatly, and to increase
the Circulation on the Surface, which of course must
take blood from the deep seated Parts and thereby
lessening the Inflammation of the Intestines.

Nearly similar in its Effects is an Aperi-
ent composed of Flowers of Sulphur and Charcoal,
of each a Tea spoon full, to be given, in a little
Honey or Sugar, Morning, Noon and Night. In
what Manner the Charcoal acts, I am at a loss to
say certainly; but that it will correct the Fetid
Stools

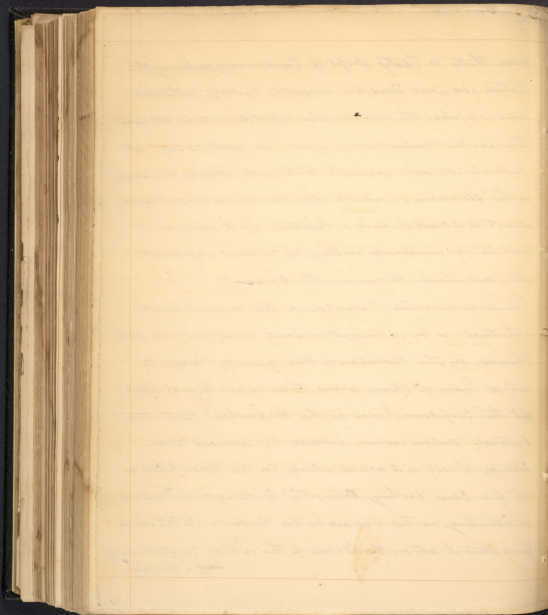
Stools, and that its Action goes farther seems to be
And a doubt, for the Sulphur given alone, will
not produce that happy Effect of the Combination;
it does not produce that Irritation of the bowels which
we might suppose, from its inflammatory Nature, but
appears to act some Way as a Secretory, Calming the
Disturbances of the Patient. It is to be borne in Mind ~~that~~
that we should not think of depending on this Plan
of Treatment, that is by Mild aperients, so long
as there was Actual Excitement, but when that is
subdued; then Medicines which act upon the Skin
as well as Mild aperients, are the most proper
for effecting a Cure. An Enema may be resorted
to beneficially to remove the feculent Contents of the
Colon; of these the best is Glauber's Salts, Elm water,
Barley Water &c. Combined with a little Opium to
lessen Irritation. I might enumerate fifty other
Purgatives, but believe they will be found inferior
to those which I have mentioned; and denying
entirely

entirely the Plan of Treating Dysentery by Purgatives, I shall go on to mention some of the Auxiliaries.

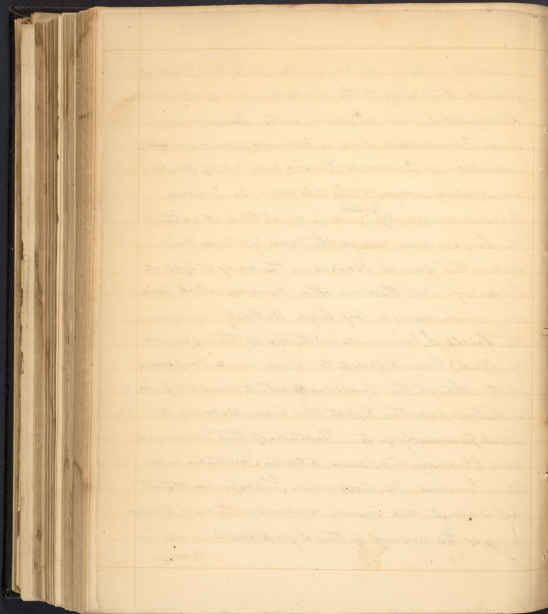
The next Class of Remedies of Importance and on which we are to place great Reliance in the Cure of this Disease, is the Diaphoretics, Much has been said on the the Treatment of this Disease by Diaphoretics; Some have relied solely upon them for its Cure; among the Number is Playfair a Surgeon of Bengal. Of the different Diaphoretics, Ister emetic is approved of by ~~some~~ as being most effectual in reestablishing a healthy Action on the Skin. From the Trials^{we} I have made with it, I think it not Superior, if as good, as Spica; it may be given $\frac{1}{4}$ of a Grain with one Grain of Opium, every two or three Hours. The most effectual Diaphoretic is Spica. This Medicine has been entirely relied on by some for the Cure of Dysentery. Playfair is of the Number, he says he used it with Effect from a half to a full Drachm, combined with
four

from thirty to sixty Drops of Laudanum, confining the Patient for some Hours to a horizontal Posture; if the first Dose is rejected, the Mixture, when repeated, will be retained. How far this Practice may be gone, I am unable to say; but certainly it is only applicable to the first Stage of the Disease, as the Stomach is irritable after the Disease is established, as not to admit of such a Practice. If it does good, it must be by principally exciting the cutaneous Vessels into action and thereby to overcome the disease.

The mode in which I have found this Medicine most effectual, is by giving it in small Doses combined with Opium, in the Proportion of three grains of Opium to half a Grain of Opium every three or four Hours. Such is the Confidence I have in this Preparation, that after external action has been subdued by previous blood letting, I rely on it almost entirely for the Accomplishment of a Cure. Nothing calms the Crisping and Constriction so distressing in this Disease as this Medicine. At the same time that it acts on the Vessels of the Skin, reestablishing a healthy

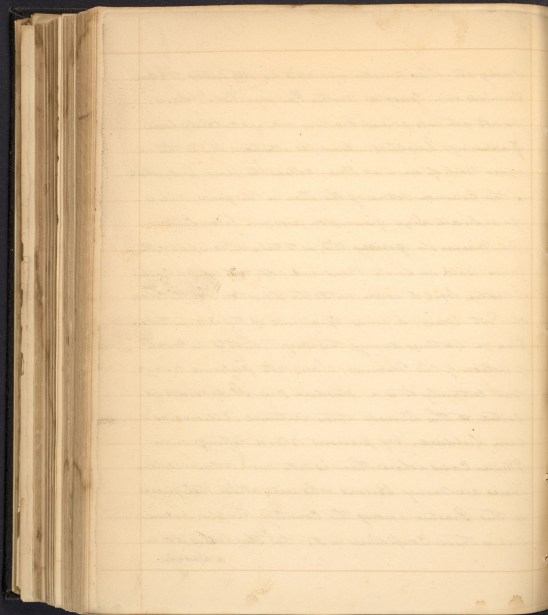


a healthy action. In conjunction with this Medicine
given to determine to the Surface we may use external
Applications, such as Warm Baths, Semucupimus,
Warm Fomentations, such as Chamells coming out ~~with~~ of
a Decoction of Camomile Flowers and Poppy Heads
and applied warm to the Abdomen, or Cagene
Peppers and ^{Isidore} brandy; all of which tends to irritate to
the Surface and relieve the more internal Parts.
Such is the general Practice in the early stages of
Dysentery. But there are other Remedies which have
been recommended by high Authority, and from
the Trials I have made with one of them (Sugar
of Lead) I am disposed to place much Confidence
in it, though the Trials made with it were, but few
still such was the Effect that I am disposed to
Speak favorably of it. The action of this Medicine is
very Peculiar, it appears to calm Irritation and
lessen Tenesmus. The Dose which I have found to suit
best is about two Grains combined with one of Opium
given as the urgency of the symptoms demand. This
Among



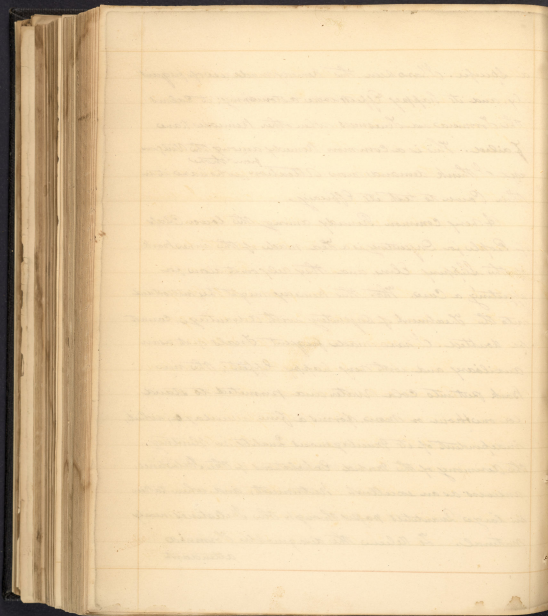
Among all other Remedies appears to be best adapted to relieve
Vermine and Tumours. Another Remedy which I believe
has not got into general Practice, and has certainly some
surprising Qualities, demands attention; this is the
inner Bark of an Oak Tree, called the black Oak, which
is the Common Name of the Tree in Virginia, and is
of a small size growing on poor and livery Land.

The Manner of giving this, is to take a handful of the
inner Bark in small Pieces and add to it half a Gallon
of Water, boil it down until the Decoction is of the Colour
of Port Wine; a some Glass full of this is to be taken
five or six times during the Day. What is the Mode
of Action of this Medicine, I am not prepared to say,
but certainly it is a peculiar one. It appears to be
suited to the Disease after Arterial Action has
been subdued, by previous blood letting; or in
Mild Cases where there is not much Arterial Action.
There are many Persons who will attest the Efficacy
of this Practice among the Country People; indeed
such is their Confidence in it, that they believe it to be
a Specific



a Specific. I have seen this Remedy made use of frequent-
ly, and its happy Effects were astonishing; it calms
the Colic and Cramps when other Remedies have
failed. This is a common Remedy among the ^{Vulgar},
and I think demands more Attention ^{from those} who have it in
their Power to test its Efficacy.

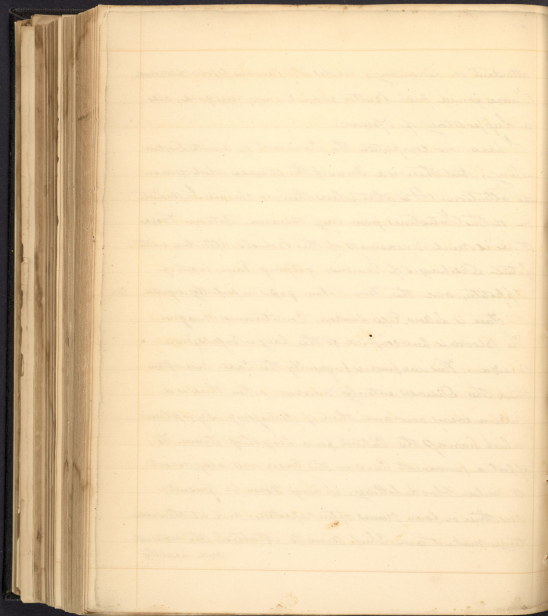
A very common Remedy among the lower Class
of People for Dysentery is a Tea made of the inner bark
of the Slippery Elm, and they rely on it alone for
effecting a Cure. That this Remedy might be introduced
into the Treatment of Dysentery with Advantage, cannot
be doubted. I have made frequent Trials of it as an
auxiliary and with very happy Effect; the inner
bark put into Cold Water and permitted to stand
for one hour or more, forms a fine Mucilage, which,
independent of its Mucilaginous Quality, is blunting
the Acrimony of the Morbid Exhalations of the Intestines,
and acts as an excellent Nourishment, and when taken
in large Quantities passes through the Intestines nearly
natural. To relieve the disagreeable Colic and
attendant



attendant on Dysentery, besides the Remedies before mentioned,
I have found fresh Butters as an Enema, very good, also
a Suppository of Opium.

I have now completed the Treatment of acute Dysen-
tery, but there is a Form of this Disease which demands
attention. It is that where there is a chronic Inflammation
on of the Intestines from long disordered Action. There
there is much Uneasiness of the Bowels, attended with
fœtid Discharges of Mucous, griping Pains, want of
Appetite, and the Food taken passes imperfectly digested,
the Face is sallow, Eyes sunken, Countenance meagre.

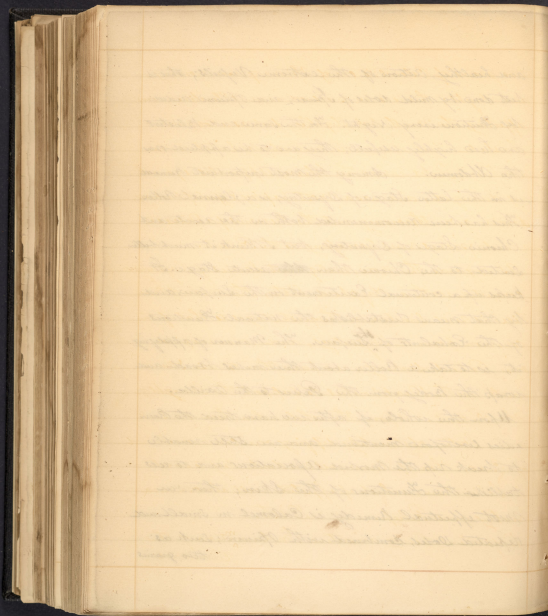
The Blood is here confined to the large Vessels and
Vesica. This is indeed frequently the Case, and often
think the Disease entirely removed, when there is a
Return every now and then of distressing Symptoms
which harass the Patient for a Length of Time. To
effect a permanent Cure in this Case, we may resort
to mild Blood letting, if any Fever be present,
say three or four Ounces often repeated, and at the same
time make it our Chief Aim to establish the natural
and healthy



and healthy Actions of the extreme Vessels; this is best done by mild doses of Opium, and Opium, aided by Friction every Night. For the same end, Blisters are also highly usefull; they are to be applied over the Abdomen.

Among the most important Remedies in the latter Stage of Dysentery, is a flannel Roller. This has been recommended both in the acute and Chronic Stages of Dysentery, but I think it much better suited to the Chronic than ~~the~~ acute Stage. It keeps up a continual Excitement on the Surface, and by that means reestablishes the natural Functions of the Exhalants of ^{the} Surface. The Manner of applying it, is to take a Roller about three inches broad and wrap the Body from the Pelvis to the Axilla.

Upon the whole, if after we have tried the Remedies hitherto mentioned and are still unable to break up the morbid Appearances and to reestablish the Functions of the Skin; then our most effectual Remedy is Calomel in small and repeated Doses, Combined with Opium; such as
two grains



two grains of Calomel to one of Opium, given morning and night; this is to be pursued as an Alterative, never affecting the Mouth but slightly, such as a Copperish Taste &c. This Practice is particularly Suited to the Southern States, where the biliary Apparatus is generally deranged, and has a most happy Effect of breaking down and throwing out the Remains of a Disease which proves very harassing to the Patient.

As regards the more malignant Species of Dysentery connected with a Typhoid State, the mode of Practice is very similar in the first stages to that of the common form of Dysentery, and when we find our Patient sinking, we have then to resort Stimulants with Diaphoretics to support the Strength of the Patient. Upon the whole when there is a sinking State, obstinately defying our common Method of Cure, then if time will admit, try to excite a Salivation, which if effected will almost invariably give Relief. Diet.

Dysentery being an active Inflammation of the Alimentary,

Alimentaries, Canal, Mild Diet should be used,
and that of the fluid kind, as barley Water, Rice
Water, Slippery Elm water, Flax seed Tea, Sago,
Tapioca, arrow root; all of which are very nourish-
ing, the Diet becoming more Stimulant as the
Disease is milder.

I have now completed my Thesis on Dysentery,
not enumerating many Articles which have been
said to prove efficacious in the Disease; but prin-
cipally those which I have tried and have found
to be most effectual in my Hands. If I have
left out some Medicines which prove highly useful
in this Disease in the Hands of others, it is not
from Skepticism concerning them, nor from
bigotted Notions, but a want of practical
Experience in them sufficient to speak with
any Degree of Confidence. It is not to be expected
that a Thesis from a Student of Medicine can
be either extensive, or presenting in itself any
thing new, not suggested to others in a
measure

measures before. This is precluded by the limited
Sphere of action in which he is placed, while a
Student, and can only give small practical improve-
ments, or usefull Modifications of former Practice.

I conclude my Thesis, by wishing, that
it may meet the Approbation of the learned
Professors of the Institutions in which it is to be
examined.

Leipsic.

